

Vonda M. Wallace
Paralegal Specialist

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE		
						APPLICANT(S)		10/089531	
						CLAIMS			
						IND.	DEP.	IND.	DEP.
1	AS FILED	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
2						51			
3						52			
4						53			
5						54			
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43						92			
44						93			
45						94			
46						95			
47						96			
48						97			
49						98			
50						99			
TOTAL IND.	1					100			
TOTAL DEP.	16								
TOTAL CLAIMS	16								